ATENT # \$ 20290 APPLICATION FOR UNITED STATE Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

wiy residence, post office address and one-	•	•		
I verily believe that I am the original, first and sole inventors are named below) of the subject matter which is COMPOSITE COMPONENT AND METHOD OF MAI	claimed and for which a pate	ent is sought on the in	iginal, first and join entitled:	nt inventor (if plural
described and claimed in the specification:	VOTACTORAL CONTRACTOR		-	
Check one				
*o [] attached hereto	09/423,80	16	714	
b. [X] filed on November 12, 1999 as Applica	tion Serial No.	and amended onN	<u>l/A</u> ;	
I hereby state that I have reviewed and understand amendment referred to above.	(1f aj d the contents of the above-ide	pplicable) entified application, ir	icluding the claims	, as amended by any
I acknowledge the duty to disclose information of with Title 37, Code of Federal Regulations, §1.56(a). Ur filed within one year prior to this application are hereby of	ider Title 35 U.S. Code §119,	material to the examin the priority benefits	nation of this applic of the following fo	cation in accordance oreign application(s)
Lauran aga Datant	Application No. 10-62804 file	ed March 13, 1998.		
Japanese Patent A	Application No. 11-30943 file	d February 9, 1999,		
Japanese Patent Apr	olication No. 11-36678 filed F	February 16, 1999, an	d	
Japanese Patent A	pplication No. 11-36679 filed	d February 16, 1999.		
, -1				
The following applications for patent or inven	tor's certificate on this inventication, or (b) before the filing	tion were filed in co	antries foreign to a med foreign prior	ity application(s):
American entier (a) more than one year prior to this apprior	,			
2 If there are no corresponding applications,				
insert "NONE".			,	
I hereby appoint the following as my attorneys of transact all business in the Patent Office:	of record with full power of su	betitution and revoca	tion to prosecute th	nis application and to
i i i	o. 25,177; and/or Charles A.	Wendel, Reg. No. 24	<u>,453.</u>	
4 .				D DE CENT TA
ALL CORRESPONDENCE IN CO	NNECTION WITH T	HIS APPLICA I	TON SHOUL	DBE SENT TO
PARKHURST & WENDEL, L.L.P., 1421 H	Prince Street, Suite 210	, Alexandria, Vi	rginia 22314-2	805 y elepnone:
(703) 739-0220.				
I hereby declare that I have reviewed and und knowledge are true and that all statements made on infor the knowledge that willful false statements and the like s the United States Code and that such willful false statem	mation and belief are believed on made are nunishable by fine	e or imprisonment, or	both, under Section	on 1001 of Title 18 of
the United States Code and that such within haise states.	ionio may jeep mana			
3 Typewritten Full Name of				
Sole or First Inventor Akihiko		IBATA	_	
Given Name	Middle Initial	Family Nam	е	
*4 Inventor's Signature 🖙 Okihiko		Ibata		,
_ Ma	arch 6, 2000			
5 Date of Signature Month	Day	Year		
141011111	•		TPX	
6 Residence <u>Takaishi-shi</u>	Osaka	JAPAN	<u>``</u>	
City State	or Province	Country		
7 Citizenship Japanese				
	Talsaishi shi			
8 Post Office Address <u>5-3-5, Hagoron</u>	no, rakaism-sm			
(Insert complete mailing address, including country) Osaka 592-000)2. Japan			
address, including country) Osaka 592-000	ray vapon			

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

E 2 OF U.S.A. DECLARATION FO ard this page in a sole inventor application) 3 Typewritten Full Name of < OOBA Second Joint Inventor (if any) Middle Initial Family Name Given Name *4 Inventor's Signature March 6, 2000 5 Date of Signature Year Day Month **JAPAN** Osaka Kadoma-shi 6 Residence State or Province Country City 7 Citizenship Japanese 16-1-309, Josyoji-cho Post Office Address 8 (Insert complete mailing Kadoma-shi, Osaka, 571-0063, Japan address, including country) 3 Typewritten Full Name of YOSHIZAWA <u>Toshihiro</u> Third Joint Inventor (if any) Family Name Given Name Middle Initial *4 Inventor's Signature March 6, 2000 5 Date of Signature Year Day Month JAPAN Osaka Higashiosaka-shi 6 Residence State or Province Country City 7 Citizenship Japanese 1-16-32, Omido Post Office Address 8 (Insert complete mailing Higashiosaka-shi, Osaka, 577-0817, Japan address, including country) 3 Typewritten Full Name of Fourth Joint Inventor (if any) Family Name Middle Initial Given Name *4 Inventor's Signature 5 Date of Signature Day Year Month 6 Residence Country State or Province City 7 Citizenship Post Office Address (Insert complete mailing address, including country) 3 Typewritten Full Name of Fifth Joint Inventor (if any) Family Name Middle Initial Given Name *4 Inventor's Signature 5 Date of Signature Year Day Month 6 Residence Country State or Province City 7 Citizenship

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

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Post Office Address (Insert complete mailing

^{**}This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

ASSIGNMENT

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